DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10779

FILED APR 5 1944

Registration District No. 5 1944 77

Primary Registration District No. 3011a

Registrar's No. 83

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 68

(a) State Mo (b) County Monteau

(c) City or town Russellville, "Rural" (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Sophia Annie Schatzer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Schatzer

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Dec (Month) 23 (Day) 1877 (Year)

8. AGE: Years 66 Months 3 Days 2 If less than one day hr. min.

9. Birthplace McClark Monteau Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Home duties

11. Industry or business

MOTHER FATHER

12. Name Henry Peters

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Louise Kerchoff

15. Birthplace McClark Mo (City, town, or county) (State or foreign country)

16. (a) Informant John Schatzer

(b) Address Russellville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem.

18. (a) Signature of funeral director Hugo B. Schubert

(b) Address Russellville, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25

year 1944-3 hour 2 0 minute P. M.

21. I hereby certify that I attended the deceased from 3-18 1944 to 3-25 1944 that I last saw her alive on 3-25 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to Carcinoma Descending Colon. Liver & uterus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. R. Eldridge (M. D. or other)

Address Jefferson City Mo Date signed 3/26/44

(Licensed Embalmer's Statement on Reverse Side)

APR 7 1944

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 4-4-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Hugo H. Schubert and Hugo H. Schubert, Jr., Registered Apprentice No. [redacted], working under my personal supervision.

Signed Hugo H. Schubert and Hugo H. Schubert, Jr.

Licensed Embalmer No. 3716

P. O. Address Russellville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. APR 6 1

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sophia A. Schatzer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec (Month) 23 (Day) [illegible] (Year)

8. AGE: Years 66 Months 3 Days Unless less than one day: hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER / FATHER

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (4-7-44) (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day [illegible] year 1944 hour minute M.

21. I hereby certify that I attended the deceased from [illegible], 19..., to [illegible], 19...; that I last saw h[illegible] alive on [illegible], 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED

10779